

SCC eFile  
(6/10)

**2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

211523062

1.) CORPORATION NAME:

DUE DATE: **9/30/2011**

**International Foodservice Distributors Association, Inc.**

SCC ID NO: **F1568999**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER**

5.) STOCK INFORMATION

**MARK S ALLEN**

CLASS

AUTHORIZED

**1410 SPRING HILL ROAD STE 210**

**MCLEAN, VA 22102**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1410 SPRING HILL ROAD  
STE 210

CITY/ST/ZIP: MCLEAN, VA 22102-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: MARK ALLEN  
TITLE: PRES/CEO  
ADDRESS: 1410 SPRING HILL ROAD  
SUITE 210  
CITY/ST/ZIP/CO: MCLEAN, VA 22102-

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OFFICER

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DIRECTOR

NAME: BLAIR LABATT JR  
TITLE: DIRECTOR  
ADDRESS: POB 2140  
CITY/ST/ZIP/CO: SAN ANTONIO, TX 78297-

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OFFICER

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DIRECTOR

NAME: JOHN MARTIN  
TITLE: DIRECTOR  
ADDRESS: POB 69  
CITY/ST/ZIP/CO: CEDAR FALLS, IA 50613-

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OFFICER

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DIRECTOR

NAME: DAVID SCHREIBMAN  
TITLE: DIRECTOR  
ADDRESS: 9399 W HIGGINS ROAD  
STE 500  
CITY/ST/ZIP/CO: ROSEMONT, IL 60018-4992

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OFFICER

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DIRECTOR

NAME: WILLIAM BARULICH  
TITLE: DIRECTOR  
ADDRESS: 123 SOUTH HILL DRIVE  
CITY/ST/ZIP/CO: BRISBANE, CA 94005-1203

NAME:	THOMAS ZATINA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	2085 MIDWAY ROAD		
CITY/ST/ZIP/CO:	CARROLLTON, TX 75006-		
NAME:	JAMES CRAWFORD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3115 WASHINGTON PIKE		
CITY/ST/ZIP/CO:	BRIDGEVILLE, PA 15017-0710		
NAME:	LEONARD M. BENCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	939 W 18TH STREET		
CITY/ST/ZIP/CO:	HOUSTON, TX 77008-3336		
NAME:	JEFF A. BRAVERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1820		
CITY/ST/ZIP/CO:	IOWA CITY, IA 52244-1820		
NAME:	KAREN S. BRESSLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	225 JOHN HANCOCK ROAD		
CITY/ST/ZIP/CO:	TAUNTON, MA 02780-7318		
NAME:	BARBARA CALLAHAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 0760		
CITY/ST/ZIP/CO:	ZANESVILLE, OH 43702-0760		
NAME:	DAVID M. GINSBERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 17		
CITY/ST/ZIP/CO:	HUDSON, NY 12534-0017		
NAME:	JIM GORDON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1787		
CITY/ST/ZIP/CO:	GRAND RAPIDS, MI 49501-1787		
NAME:	THOMAS J HENNING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BOX 309		
CITY/ST/ZIP/CO:	KEARNEY, NE 68848-0309		
NAME:	BOYD F JORDAN, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1504 ST. JAMES STREET		
CITY/ST/ZIP/CO:	LACROSSE, WI 54603-2859		

NAME:	BILL MATHIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 2724		
CITY/ST/ZIP/CO:	HOUSTON, TX 77252-2724		
NAME:	W. KENT MCCLELLAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5080 N. 40TH STREET SUITE 400		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85018-		
NAME:	ANDREW MERCIER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1351		
CITY/ST/ZIP/CO:	HATTIESBURG, MS 39403-1351		
NAME:	PETER MOUSKONDIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 45005		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84145-0005		
NAME:	W. MCFALL PEARCE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12500 WEST CREEK PARKWAY		
CITY/ST/ZIP/CO:	RICHMOND, VA 23238-		
NAME:	LARRY PERKINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	630 JOHN HANCOCK ROAD		
CITY/ST/ZIP/CO:	TAUNTON, MA 02780-		
NAME:	LARRY G PULLIAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1390 ENCLAVE PARKWAY		
CITY/ST/ZIP/CO:	HOUSTON, TX 77077-2099		
NAME:	J MICHAEL ROACH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 901001		
CITY/ST/ZIP/CO:	FORT WORTH, TX 76101-2001		
NAME:	TERRENCE B SNYDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 669		
CITY/ST/ZIP/CO:	STROUDSBURG, PA 18360-		
NAME:	ROGER TOOMEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 724945		
CITY/ST/ZIP/CO:	ATLANTA, GA 31139-1945		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN M TRACY DIRECTOR 17050 BAXTER ROAD SUITE 250 CHESTERFIELD, MO 63005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERANCE S WALSH DIRECTOR PO BOX 450 CONKLIN, NY 13748-0450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE WATSON DIRECTOR PO BOX 1849 ALPHARETTA, GA 30023-1849	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MALCOLM R. SULLIVAN, JR. CHAIRMAN PO BOX 11179 GOLDSBORO, NC 27532-1179	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
<u>/s/ MARK ALLEN</u>		<u>MARK ALLEN, PRES/CEO</u>	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			